

EXHIBIT 1-F

SIGNATURE CERTIFICATION FORM

Montana Department of Commerce
Community Development Division, TSEP
301 S. Park Avenue
PO Box 200523
Helena, Montana 59620-0523

This is to certify that the following officials¹ are authorized to sign requests for payment of Montana Treasure State Endowment Program (TSEP) funds for the (name of grantee: City, Town, or County of _____,) FY 20__ TSEP grant:

- | | | |
|----|---------------------|----------------|
| 1. | _____
Signature | _____
Title |
| | _____
Typed Name | |
| 2. | _____
Signature | _____
Title |
| | _____
Typed Name | |
| 3. | _____
Signature | _____
Title |
| | _____
Typed Name | |

It is understood that any two of the above signatories must sign each request for payment submitted.

²I hereby certify that I have witnessed the signing of the above named signatures.

Signature of Witness

Date: _____

Typed Name and Title of Witness

SUBSCRIBED AND SWORN TO, before me, a Notary Public for the State of Montana, on the _____ day of _____, 20__.

(Notary Seal)

Notary Public for the State of Montana
Residing at _____
My Commission expires _____

¹Suggested signatories include the chief elected official (Mayor, Chairperson of County Commission, Tribal Chairperson and/or Tribal Council Members), city or county clerk or treasurer, or other local officials. At least three officials should sign; and it is acceptable to have more to assure that at least two signatories will be available to sign requests for TSEP funds. Consultants under contract may not be a signatory.

²Suggested witness is an elected official other than one of the three signatories.